

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	09/869536

CLAIMS

AS FILED.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
3	/			
4	21			
5	31			
6	31			
7	31			
8	31			
9	31			
10	31			
11	31			
12	31			
13	31			
14	1	31		
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TOTAL	9			
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CLAIMS	9			

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TOTAL CLAIMS								